

REQUEST FOR OUTSIDE EMPLOYMENT FORM

Date:	
Employee name:	
Department:	
Title:	
I hereby request approval to engag	ge in outside employment as described below:
Nature of employment:	
form of outside employment or bus would conflict or interfere with my j understand that using company eq prohibited. I understand that in ord	Community College's policy forbids me from engaging in any siness opportunity, for myself or another employer, which job, especially while on company time. Additionally, I quipment or materials for outside employment is strictly ler to engage in outside employment, I must receive approval the President in advance of performing such outside I may be withdrawn at any time.
I understand that failure to comply including termination of employment	with the policy could result in disciplinary action up to and nt.
Employee Signature	Date
PRESIDENT ACTION	
Request ApprovedRequest D	Denied
Comments or Special Conditions:	
President Signature	Date

Forward completed form to the Human Resource Department.

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven J. Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P.O. Box 668, Moorhead, MS 38761, 662-246-6304.